Multi-Ethnic Study of Atherosclerosis

Medical History

	ld#:					
Acrostic:						
Date:	Month /	Day /	Year			

The following are some questions about your medical history. Some of the questions may refer to things that happened or began a long time ago, so please answer to the best of your knowledge.

Has a doctor ever told you that you had any of the following:

	That a decici ever tola year tha	t you ii	ad any or mo to	nownig.	
		Yes	No	Don't K	Know
1	Emphysema	0	0	0	EMPHYS1
2	Asthma	0	0	0	ASTHMA1
3	Arthritis	0	0	0	ARTHRIT1
4	Cancer	0	0	0	CANCER1
	IF YES → Which type?				
	a. Prostate cancer	0	0	0	PROSTCN1
	b. Breast cancer	0	0	0	BRSTCN1
	c. Lung cancer	0	0	0	
	d. Colon cancer	0	0	0	COLONCN1
	e. Non-melanoma skin cancer	0	0	0	NMSKNCN1
	f. Blood cancer (leukemi lymphoma, or other)	a, O	0	0	
	g. Other cancer	0	0	0	OTHCN1
	IF YES → Specify				
				D 1/ 1/	
5	Rheumatic heart disease or	Yes	No	Don't K	
	heart valve problems?	0	0	0	RHEUHV1
6	Blood clots in the lung or in the leg veins?	0	0	0	BLDCLOT1
7	Liver disease?	0	0	0	LIVERD1
	IF YES → Which type? a. Cirrhosis b. Hoperities	0	0	0	CIRRH1 HEPAT1
	b. Hepatitis				_
		• •	hepatitis? Select		
	→ ○ A HEPTPA	○ B \1	C HEPTPC1	\circ D	O E O Don't Know
	7121117		TPB1		HEPTPU1
		_			0677239004

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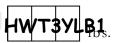
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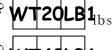
Has a doctor ever told you that you had any of the following:

Has a doctor ever told you that you had any	y of the f	ollowing:		
	Yes	No	Don't Know	
8 Kidney disease	0	0	0	KDNYDIS1
9 High blood pressure or hypertension	0	0	0	HIGHBP1
<pre>IF YES: a. Are you taking medicine for this?</pre>	0	0	0	BPMED1
<pre>IF YES: b. At what age did you begin taking medications?</pre>	BPHXA6	E1	Don't Know	BPMAGEU1
10 High blood cholesterol	Yes	No	Don't Know	
IF YES:	0	0	0	HGHCHOL1
a. Are you taking medicine for this?	0	0	0	CHOLMED1
IF YES:				
b. At what age was this first treated?	CHOLA	SE1	Don't Know ○	CHLAGEU1
	Yes	No	Don't Know	
11 Diabetes (sugar in blood)	0	0	0	DIABET1
IF YES:				
a. Are you taking medicine for this?	, 0	0	0	DIABHX1
YES → ○ Insulin ○ Pills IF YES:	?1			
b. At what age was this first treated?	DBAGE		Don't Know	DB <i>AG</i> EU1
c. Was insulin your first diabetes medicine?	0	0	0	DBINSUL1
d. FOR WOMEN: Did diabetes occur ONLY during pregnancy?	0	0	0	

12 What was your highest weight in the last 3 years?



a*. What did you weigh at age 20?



b*.What did you weigh at age 40?



*Women: If you were pregnant at either of these ages, give your weight just BEFORE your pregnancy started.

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Reproductive History WOMEN ONLY -- MEN skip to Question #18 Yes No **Don't Know** 13 Have you ever been pregnant? PREG1 0 \circ \bigcirc If Yes: a. Number of pregnancies **PREGN1** b. Number of live births c. Age at first live birth **Don't Know** Yes No 14 Have you had a hysterectomy (surgery HYSTRCT1 0 0 0 to remove your uterus/womb)? If Yes: a. At what age? **HYSTAGE1** Yes No **Don't Know** 15 Have you had surgery to remove your OVAREM1 0 0 \bigcirc ovaries? If Yes: a. At what age? **O** b. How many ovaries were OVAREMN1 removed? 0 1 0 2 Yes Don't Know No 16 Have you ever taken birth control pills? BCPILLS1 0 0 If Yes: a. Please estimate the total number of years that you took birth control pills (keeping in mind you may have started and stopped several times) Don't Know 17 Have you gone through menopause Yes No 0 0 (change of life)? 0 MNPAUSE1 If Yes → Skip to #17 D If No or Don't Know: **Don't Know** Yes No a. Are you currently going 0 0 0 MENOP1 through menopause? If Yes: b. Date of last menstrual period

c. How many periods have you had in the last 12 months?

(if less than 12 months ago):



Year

Month

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	d. At what a	ge did you go	through	menopaus	e? MEN	OAGE1		
	e. Have you HRMREP1	O No → S	Skip to #18	8				
	f. Are you c	○ Yes → urrently using				py?		
	HRMREPC1	O Yes →		age did yo	C	rm on es?		
		3	Age st			ge stopped	HRMQA	GE1
			•	ype of ther		you on? emarin or	Fetratab)	
		HRMTYP1		0	`	n (like Pro	,	
18	Do you ever g	et pain in eit	her leg o	r buttock v	while wal	king?	Yes ○	No ○ LEGPAIN1
	If Yes: a. Does this pa	ain ever begin	whenyou	u are stand	ing still o	r sitting?	0	o LPREST1
	b. In what par		or buttocl	O Pain	includes c	alf/calves nclude calf	/calves	
	c. Do you get	it if you walk	uphill or	hurry?	Yes O	No O	N/A O	LPUPHL1
	d. Do you get	it if you walk	at an ord	linary pace	e on the le	Yes	No O	LPNORM1
	e. Does the pa	in ever disapp	ear while	e you are w	alking?	0	0	LPDIS1
	f. What do yo	u do if you go	et it when	you are w		O Stop or O Continu		LPSTOP1
	g. What happe	ens to the pair	nifyous	tand still?	O Relie		LPSTN	D1
		How soo		O More	than 10 n	ninutes	LPRELV	/1

h. Is this pain predominantly in the right side, left side, or in both legs?

O Right Side O Left Side O Both legs LPLOC1

/\	/leaicai History - 5			Id#:		
19	Have you ever had swelling of your feet or ankles? (FOR WOMEN: other than	Yes	No	Don't l	Know	
	during pregnancy?)	0	0	0	SWLLFT1	
	If Yes: a. Did it tend to come on during the day and go down overnight	O	0	0	SWLLDAY	1
20	Have you had to sleep on two or more pillows to help you breathe?	0	0	0	SLPPLLW1	•
21	Have you been awakened at night by trouble breathing?	0	0	0	WAKEBR1	
22	In the past two weeks, have you had any of the following:	Yes	No	Don't I	Know	
	a. Fever	0	0	0	FEVER1	
	b. Cold, flu, or sore throat	0	0	0	COLDFLU	l
	c. Urinary infection	0	0	0	URININF	
	d. Seasonal allergy	0	0	0	ALLRGY1	
	e. Bronchitis	0	0	0	BRONCH1	
	f. Sinus infection or sinusitis	0	0	0	SINUINF	1
	g. Pneumonia	0	0	0	PNEUMO1	
	 h. Gums bleeding while brushin or flossing 	g O	0	0	BLDGUMS	1
	i. Tooth infection	0	0	0	TTHINF1	
	j. Flare-up of gout	0	0	0	GOUT1	
	k. Flare-up of arthritis	0	0	0	ARTH2Wk	(1
	Approximately how many times have you (If you don't remember the exact number, ABNUM1 times O Don't know	please giv	e us your k	oest estim	ate.)	
24	Approximately how many times have you					ars?
	(If you don't remember the exact number, AB5YNUM1 times O Don't Know	NOAB5Y1	e us your k	Jest estim	ale.)	
25		Ye	s N	o De	on't Know	
25	Have you ever used aspirin on a regular b	oasis!	()	O ASPIR	RIN1
	If Yes: a. At what age did you start? ASPSAGE1	_		_	- ACDNI	O\4/1
	b. Are you taking aspirin now on a regular b	pasis? O			o ASPN	∪ v v .
	Yes→ How many days a we	eek are you	taking aspi	rin?ASPD	AYS1	
	No → At what age did you s	top taking a	aspirin?	ASPEAG	E1	

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26	Has a dentist ever told you that you had	Yes	No	Don't Know
	periodontitis or gum disease?	0	0	O GUMDIS1
27	Have you lost any of your teeth due to	0	0	O LOSTTTH1
	gum disease?		Ū	LOSITIAL

If Yes:

a. How many teeth have you lost? TTHNUM1



The following are questions about medical conditions that other members of your family may have had. Please answer to the best of your knowledge.

Have any of the following family members had any of the listed medical conditions (include blood relatives only):

28	Parents	Yes	No	Don't Know	• • • • •	
	a. Heart attack?	0	0	0	PMI1	
	b. Stroke?	0	0	0	PSTK1	
	c. Amputation not due to a traumatic injury?	0	0	0		
29	Siblings (If you don't have any sibling "Not Applicable.")	igs, fill in		Don't	Not	
	110111471114111111	Yes	No	Know	Appli	cable
	a. Heart attack?	0	0	0	0	SHRTATT1
	b. Stroke?	0	0	0	0	SSTK1
	c. Amputation not due to a traumatic injury?	0	0	0	0	
30	Children (If you don't have any chil	dren, fill in		Don't	Not	
	"Not Applicable.")	Yes	No	Know	Appli	cable
	a. Heart attack?	0	0	0	0	CHRTATT1
	b. Stroke?	0	0	0	0	CSTK1
	c. Amputation not due to a			0		

For MESA Field Center Use Only:	
Completed by:	O Self-Administered O Interviewer-Administered
Interviewer ID:	Reviewer ID: Data Entry ID:

traumatic injury?